



**DEVELOPMENT FINANCE DIVISION  
FINANCING APPLICATION**

**FORM  
202**

**Application Cover Page**

**Organization Name**

**Project Title**

I certify that I am authorized to obligate \_\_\_\_\_ to apply for funding  
(name of organization)

from the District of Columbia Department of Housing and Community Development. Furthermore,  
I certify that all information contained herein is accurate to the best of my knowledge.

\_\_\_\_\_  
Authorized Organization Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



# DEVELOPMENT FINANCE DIVISION APPLICATION

**FINANCING****FORM  
202**

## GENERAL INFORMATION

**Stage of Processing** (*mark the appropriate box*)☐ Preliminary Application for Funding☐ Final Application for Funding**Funding Applied For**

Housing Production Trust Fund

Community Development Block Grant (CDBG)

HOME Investment Partnership Program (HOME)

Low-Income Housing Tax Credit (LIHTC)

Other: \_\_\_\_\_

\$	-
\$	-
\$	-
\$	-
\$	-

*Agency ID (Internal Use)*


**PROJECT NAME AND LOCATION****Project Name** \_\_\_\_\_

Street Address \_\_\_\_\_

If no street address indicate lot \_\_\_\_\_

City and State

Washington, DC

Ward \_\_\_\_\_

Parcel \_\_\_\_\_

Zip Code \_\_\_\_\_

Census Tract \_\_\_\_\_

Tax Map \_\_\_\_\_

**APPLICANT INFORMATION****Applicant Name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone ( ) -

Fax ( ) -

E-mail \_\_\_\_\_

**OWNERSHIP ENTITY INFORMATION****Owner/Borrower Name** \_\_\_\_\_

Taxpayer ID \_\_\_\_\_

**Type of Ownership** (*mark one box only*)☐ Individual☐ General Partnership☐ Limited Liability Corporation☐ Corporation☐ Limited Partnership☐ Other: \_\_\_\_\_**Principals** (*complete information for corporations and controlling general partners*)

Name	Taxpayer ID	Ownership Interest	Nonprofit
	-	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PROJECT INFORMATION

### Amenities *(mark all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Cable Access            | <input type="checkbox"/> Laundry Facilities   |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Washer/Dryer Hook-up |
| <input type="checkbox"/> Carpet                  | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Dishwasher              | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Disposal                | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Microwave               | <input type="checkbox"/> Other: _____         |

### Type of Project *(mark all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Acquisition of Existing Building(s)                        | <input type="checkbox"/> New Construction              |
| <input type="checkbox"/> Substantial Rehabilitation <i>(over \$30,000 per unit)</i> | <input type="checkbox"/> Community/Commercial Facility |
| <input type="checkbox"/> Moderate Rehabilitation <i>(under \$30,000 per unit)</i>   | <input type="checkbox"/> Home Ownership Project        |

### Existing Building Information *(complete all that apply)*

Percentage currently occupied

\_\_\_\_\_ %

Project includes historic rehabilitation?

☐ Yes ☐ No

Project involves the permanent relocation of tenants?

☐ Yes ☐ No

Project involves the temporary relocation of tenants?

☐ Yes ☐ No

Year the building was built

\_\_\_\_\_

### Number of Residential Buildings

Garden (walk-up)	_____
Townhouse	_____
Detached	_____
Semi-detached	_____
Elevator (< 5 floors)	_____
Mid-rise (5-10 floors)	_____
High-rise (> 10 floors)	_____
Total Buildings	<input type="text"/>

### Total Land Area *(acres)*

\_\_\_\_\_

### Total Building Area *(gross square footage)*

Residential Units: Low-Income

Residential Units: Market

Nonresidential Units

Common Space:

circulation (hallways, stairways etc.)

recreation:

Total Gross Square Footage

### Type of Occupancy *(show number of units)*

Families	_____
Elderly	_____
Commercial	_____
Special Needs	_____
Total Units	<input type="text"/>

### Special Needs Met *(show number of units)*

Licensed assisted living facilities.

Homeless shelters or transitional housing for the homeless.

Housing targeting people with disabilities (barrier-free housing).

Other:

\_\_\_\_\_

Total Special Needs Units

### Preservation of affordable units with expiring federal subsidies

☐ Yes ☐ No

Units to be occupied by households with income 30% or less of the area median  
 Units to be occupied by households with income at 31-40% of the area median  
 Units to be occupied by households with income at 41-50% of the area median  
 Units to be occupied by households with income at 51-60% of the area median  
 Units to be occupied by households with income at 61-80% of the area median  
 Units to be occupied by households with income at 81-100% of the area median  
 Units that will be unrestricted (>100% of area median)  
 Total Units

[illegible]

What is the total number of years for the units to be restricted?

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Activity	Date (MM/YYYY)
Site Control	
Sponsor has site control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date site control expires	/
Date site will be acquired by the ownership entity	/
Zoning Status	
Current Zoning Clasification _____	
Describe Current Classificaiton _____	
_____	
_____	
_____	
Zoning change, variance or waiver required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date application for zoning change filed	/
Date of final hearing on zoning change	/
Date of final approval of zoning change	/
Date financing applications filed with other lenders ( <i>public and private</i> )	/
Date of financing reservation from the Department ( <i>45 days from application deadline</i> )	/
Date firm commitments received from other lenders ( <i>public and private</i> )	/
Date final plans and specifications completed	/
Date 10% of project costs incurred ( <i>no later than 5 months from carryover allocation</i> )	/
Date of construction loan closing (all sources)	/
Date construction or rehabilitation begins ( <i>total construction period will be _____ months</i> )	/
Date 50% of construction or rehabilitation completed	/
Date of substantial completion of construction or rehabilitation	/
Date first certificate of occupancy received	/
Date final certificate of occupancy received	/
Date sustaining occupancy achieved	/
Date of permanent loan closing	/